

Explaining Social Support and Its Effect on Psychological Well-being

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Abstract

The aim of this paper is to give introductory information regarding social support. A brief literature review regarding social support was performed. Using the review, background information, definitions of social support, different aspects of social support, the relationship between social support and self-efficacy, social support models (i.e. main effect model, and stress buffering effect model) and the effect of social support on recipient and provider are explained. The literature indicated there are two dimensions of social support: structure social support and functional social support. Structural social support refers to existence, quantity, and density of social relationships, whereas functional social support refers to quality of social relationships and type and functionality of resources provided to recipient (Chronister, 2009). In addition to it, social support is divided into two categories: perceived versus received social support. Research shows that social support has positive effect on psychological well-being. Overall, social support has potential beneficial effects on mental and physical health. The paper can be a useful tool for someone who aims to have a general overview of those constructs.

Keywords: Social support, Mental Health, Literature review, Research

Sosyal Destek ve Sosyal Desteğin Psikolojik İyi Oluşta Etkisi

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Öz

Bu makalenin amacı sosyal destek ile ilgili giriş niteliğinde bilgi vermektir. Sosyal destek ile ilgili çeşitli tanımlar, sosyal desteğin boyutları, algılanan sosyal desteğe karşın alınan sosyal destek, sosyal destek modelleri, sosyal destek ve öz yeterlilik arasındaki ilişki ve sosyal desteğin desteği alan ve sunan üzerindeki etkileri açıklanmıştır. Literatürde sosyal destek genelde iki boyutta incelenmiştir: yapısal sosyal destek ve fonksiyonel sosyal destek. Yapısal sosyal destek, sosyal ilişkilerin varlığını, miktarını ve yoğunluğunu ifade etmekte bunula beraber, fonksiyonel sosyal destek sosyal ilişkilerin kalitesini, ve sosyal destek alanlara sunulan kaynakların fonksiyonel olma durumlarını ve çeşitlerini incelemektedir. Bunun sosyal destek, alınan ve algılanan sosyal destek olarak iki kısma ayrılmıştır. Sosyal destek ile ilgili araştırmalar sosyal destek stresin etkilerini azaltmakla beraber ruh sağlığı üzerinde olumlu etkiler oluşturmaktadır. Bunun yanında sosyal desteğin öz yeterliliğe ilişkin olumlu etkileri de literatürde belirtilen konulardan bir tanesidir. Sonuc olarak, sosyal destek zihinsel ve fiziksel sağlık üzerine potansiyel olumlu etkide bulunabilir. Bu makale sosyal destek ile ilgili giriş niteliğinde bilgi sahibi olmak isteyenler için bir araç olarak kullanılabilir.

Anahtar Kelimeler: *Sosyal destek, Zihin sağlığı, Literatür taraması, Araştırma*

Introduction

Social support has been a popular topic among researchers as result of its proven benefits on mental health (Chronister, 2009). Social support is considered to be a multidimensional construct including social environment, social network, and support actually received (Dumont & Provost, 1998). When describing social support, researchers emphasized different aspects of social support. Chronister, (2009) indicated that social support refers to provision of resources with an intention to help a person to deal with stress effectively. Shumaker and Brownel, (1984) defined it as the exchange of resources between recipient and provider intended to increase well-being of recipient. Schwarzer and Knoll (2007) indicated social support refers to quality and functionality of relationship of a person with others; it includes availability of resources and actual perceived support.

Social Support Dimensions

The common approach of explaining social support is dividing it into two categories: structural and functional support. These two categories also have some subgroups explaining different aspects of social support (Chronister, 2009).

Structural support. It refers to existence, quantity, and density of social relationships. It includes social integration, social relationships, social embeddedness and social network. Social support measured under this categorization is quantity of relationships, ties, strength of relationships and affiliation to organizations. Two main subgroups of social support are social integration and social network.

Social integration. It refers to types and frequencies of social roles, social activities and people's perception about their integration into social support systems. It measures constructs such as a person marital status, number of friend, quantity of interaction with friends, quantity of affiliation with social organizations etc. Social integration is one of most measured social support construct.

Social network. It refers to a more depth analysis of social support systems. It focuses on density (degree of relationships), boundedness (degree of closeness, such as neighbor, co-worker, very close friend), homogeneity (diversity in social groups), multiplexity (diversity in places to develop social ties), and reciprocity. It measures constructs such as who are closest to people in their social network, and if people are affiliated with diverse social organizations or not.

Functional support. It refers to quality of social relationships and type and functionality of resources provided to recipient (Chronister, 2009). Among taxonomies, the most prevailing indicates three-dimensional functional supports: instrumental, emotional and informational support. Instrumental support refers providing support concretely mostly via tangible materials. It includes such as lending money, and psychical help. Emotional support refers to providing empathy, caring, listening, and reassurance. It includes making someone feel valued and cared. Informational support refers to providing relevant information to someone to help overcoming stressful situation. It is usually provided in form of counseling and guidance. For instance, letting a person in poverty know that government is providing food assistance exemplify informational support. Although social support types are conceptualized as distinct entities, in real life, those support types are intertwined. For instance, people lending money to a friend would likely also to give emotional support at the same time.

Perceived versus Received Support

There are some distinctions need to be made between received support, perceived support and perceived satisfaction with support. Because each one of these have different implications in terms of psychological well-being and mental health.

Received support refers to support that actually received by recipient. It includes retrospective thoughts of social support and behavioral perspective toward it. It is usually measured by asking people social support they actually received. Questions such as “did someone listen your problem?”, “did someone provide information to you?” are asked to measure received support.

Perceived support refers to availability of support that can be obtained when needed. It includes more a prospective thoughts and cognitive processing of the support. It is usually measured by asking people perception about availability of resources in their network. Questions such as “to what extent do you have friends who will give you information on how to take care of yourself”, “to what extent your spouse is willing to listen your problems” are asked to measure perceived support.

Satisfaction with support refers a person satisfaction level with perceived or received support. It includes personal judgment of social support. Questions such as “when someone provides you information how would you feel?” “when someone lend you money how would you think?” (Helgeson, 2003 ; Chronister, 2009). Helgeson (2003) indicated that laboratory results showed during support exchanges, recipient’s perception about social support differed from an independent judge’s perception of the same social support. Moreover, perceived social support was more related to life satisfaction then actually received support. This situation can be explained by two ways, first it might be related to personality, some people have positive tendency and perceive more availability of support. Second, people who believe to have more social support available tend to have higher social skills to elicit more social support. Although, the research tend to show evidence toward relationship between personality and perceived social support, the researcher pointed out that perceived social support is more related to history of the received support. People who received help tend to perceive more available support.

Social Support Models

Chronister (2009) indicated that social support affects our psychological and physical health through interaction with our behaviors, emotions and thoughts. Through social support we can communicate our expectations and needs, norms; thus regulate our emotions. Moreover, through social support we regulate our normative behaviors such as diet, exercise, alcohol intake which could affect our physical health. There are two main models that explain relations between social support and health called stress buffering effect and main model.

Stress buffering model: The stress-buffering model explains that social support effect our health through both received and perceived support. In the former, social support influence coping efforts by either increasing or altering coping efforts to help recipient to deal with stress more effectively and eventually increase well-being. In later, social support influence appraisal of stressful situation and thus affects coping. People who tend to perceive more social support would have less perceived stress and more well-being. Stress buffering model has relations to Lazarus` stress theory indicating that appraisal play a major role in determination of stress level. For example unemployed people would feel less stress if they believe they have friends could help them to overcome this problematic situation.

Main effect model: In this model, it is asserted regardless of stress level, social support effect health positively. Main effect model has more ties with structural support. People who have larger network are exposed to normative behaviors more, which affect their health positively. For instance people who have a lot of friends who exercise would have more tendencies to exercise. Also, people who have caring relationship with friends would have more available friends to share their feelings.

Although stress buffering model and main effect model are the two prevalent models, it is important to note that there are other models explaining the relation between health and social support from different perspective such as support mobilization model, support deterioration model and social cognitive model.

Social Support and Self-efficacy

In addition to moderator role of social support on health, social support plays mediator role effecting stress, coping and health. There are several models explained this relationship. Enabling hypothesis and cultivation hypothesis are two of those models.

Enabling hypothesis: Social support may not only play a protective factor, it also helps recipients to regulate their behaviors. Support providers especially those who faced same challenges and showed competency to

overcome it, may enable recipients to deal with stress effectively by increasing recipients' capabilities. Social support may also play an enabling role in an abstract way. People's network may provide assurances indicating recipients have sufficient abilities to overcome stress. Those assurances would aid recipient to deal with problems more effectively. Increases in self-efficacy of recipients would diminish negative effect of stress related thoughts. Therefore more effort would be devoted to dealing with stress and more possibility would appear to overcome it (Schwarzer & Knoll, 2008).

Cultivation Hypothesis: In the above hypothesis, three different ways of social support increasing self-efficacy was proposed. However, the relationship between social support and self-efficacy is bidirectional. Self-efficacy also could increase social support through self-regulatory social activities. People who take initiative of engaging in more social activities and creating a larger and stronger social network would probably have more possibility to have more social support.

Both hypotheses explain the relationship between social support and self-efficacy from different perspectives. The studies have shown that the relationship between self-efficacy and social relationship may go in both ways. People with higher self-efficacy may have more social support and having social support may increase self-efficacy. More research would be beneficial to understand which hypothesis works better most in which conditions (Schwarzer & Knoll, 2008).

Effect of Social Support on Recipients and Providers

Effect of social support on recipients: Effect of social support may vary depending upon many variables. Perception of support, length of support, time of support, and type of resources provided influence effect of support on recipients. Belonging to a group may give feelings of security, but also, a group membership may cause feeling peer pressure. Having a large network provides a high possibility of having an attentive listener. Especially in stressful situations people needs to have another person to share feelings and consult about problems to find a solution. However, sharing

one's own feeling may cause feeling embarrassed and problematic (Shumaker & Brownell, 1984).

Effect of support on providers: The social support has both benefits and costs to providers. Providing social support would cost time and money such as transportation, loans etc. Trying to understand and being always available to help possess emotional challenges. The research shows that women are more attentive to people who are in need more than man, therefore women are more prone to experience those emotional challenges. Providing help to a recipient may change providers' attitudes toward the recipients. Provider may start to see the recipient weak and in needy. Being witness of other people experiencing stress can increase sense of vulnerability (Chronister, 2009). Providers may recognize risks in their own life. Lastly, in some cases, provider may be affected from stress the recipient experience. For instance having a loved one with a disease will affect the providers' emotional and financial status.

Proving support will have benefits to provider. Helping someone would make providers feel nurtured and fulfilled. Providing support may increase sense of self-efficacy of provider. Providers also witnessing other people's way of dealing and overcoming with stress would enlarge their coping repertoire. When recipients disclose information regarding their lives, it is an implicit indication of trust, which is a type of compliment to provider. Lastly, providing help someone will increase probability of receiving help in future.

Conclusion

Social support has been a popular topic among counseling and psychology researchers. Social support has been divided into two categories: structural support and functional support. Each category represents different aspects of social support. There have been many models explaining the relationship between health and social support. Two prevalent models were stress buffering model and main model. Stress buffering effect shows the effect of social support through stress and main effect model shows effect of social support regardless of stress. Both model shows positive ef-

fect of social support on psychological well-being. There have been models explaining mediating effect of social support. Enabling hypothesis and cultivation hypothesis are two of them. Both models indicated bidirectional relationship between social support and self-efficacy. Also, social support has benefits and costs to both provides and recipients. Overall, social support has been important for physical and mental health and more research would reveal valuable information about it.

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